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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155767 | | X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____ | | X3) DATE SURVEY COMPLETED 06/25/2012 | |
| NAME OF PROVIDER OR SUPPLIER SPRINGHURST HEALTH CAMPUS | | | | STREET ADDRESS, CITY, STATE, ZIP CODE 628 N MERIDIAN RD GREENFIELD, IN 46140 | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | | (X5) COMPLETION DATE |
| K0000 | <p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 06/25/12</p> <p>Facility Number: 005954 Provider Number: 155767 AIM Number: NA</p> <p>Surveyor: Phillip Komsiski, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Springhurst Health Campus was found not in compliance with Requirements for Participation in Medicare, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code, (LSC), Chapter 18, New Health Care Occupancies and 410 IAC 16.2.</p> <p>This one story facility was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors and in all resident sleeping rooms. The facility has a capacity of 60 and had a</p> | | | K0000 | <p>This Plan of correction shall serve as the credible allegation of compliance with all state and federal requirements governing the management of this facility. We respectfully request paper compliance/desk review for this Plan of Correction.</p> | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED
OMB NO. 0938-0391

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| | <p>census of 52 at the time of this survey.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 06/29/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> | | | | | | |

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| K0017 SS=E | <p>NFPA 101 LIFE SAFETY CODE STANDARD Corridor walls form a barrier to limit the transfer of smoke. Such walls are permitted to terminate at the ceiling where the ceiling is constructed to limit the transfer of smoke. No fire resistance rating is required for the corridor walls. 18.3.6.1, 18.3.6.2, 18.3.6.5</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 open use areas was separated from the corridor, or met an Exception. LSC 19.3.6.1, Exception # 1 Spaces shall be permitted to be unlimited in area and open to the corridor, provided the following criteria are met: (a) The spaces are not used for patient sleeping rooms, treatment rooms, or hazardous areas. (b) The corridors onto which the spaces open in the same smoke compartment are protected by an electrically supervised automatic smoke detection system in accordance with 19.3.4, or the smoke compartment in which the space is located is protected throughout by quick-response sprinklers. (c) The open space is protected by an electrically supervised automatic smoke detection system in accordance with 19.3.4, or the entire space is arranged and located to allow direct supervision by the facility staff from a nurses' station or similar space. (d) The space does not obstruct access to required exits. This deficient practice could affect 4 residents observed lounging by the Business office</p> | | | K0017 | <p>What corrective actions will be accomplished for those residents found to have been affected by the deficient practice: We contacted our provider, Koorsen Fire & Security, to install an electrically supervised automatic smoke detection system in the identified area, the business office. The entire campus is appropriately fitted with smoke detection and sprinkler systems to ensure overall safety for residents, employees, and visitors. This system will alarm in the building and notify the fire department if any issues occur to ensure safety. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken: We contacted our provider, Koorsen Fire & Security, to install an electrically supervised automatic smoke detection system in the identified area, the business office. The entire campus is appropriately fitted with smoke detection and sprinkler systems to ensure overall safety for residents, employees, and visitors. This system will alarm in the building and notify the fire</p> | | 07/16/2012 |

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| | <p>as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observation on 06/25/12 at 11:15 a.m. with the Maintenance Supervisor, Exception # 1, requirement (c) of the Life Safety Code, Chapter 19.3.6.1 was not met as follows: The sliding glass doors installed at the Business office were not self closing and were open to the corridor. The Business office did not have direct supervision by facility staff from a continuously staffed area such as a nurses' station or automatic smoke detection. Based on interview on 06/25/12 at 11:20 a.m. with the Maintenance Supervisor, it was acknowledged the aforementioned room was open to the corridor without supervision from the nurse's station and was not protected by automatic smoke detection.</p> <p>3.1-19(b)</p> | | | | <p>department if any issues occur to ensure safety. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:Koorsen Fire & Security installed an electrically supervised automatic smoke detection system in accordance with 19.3.4, in the business office on July 10th, 2012. Koorsen tested the device to ensure it works properly and found the system normal and online with signals verified. See attachment of Koorsen Service Work Order dated 7-10-2012 verifying the installation and proper functioning of the electrically supervised autoomatic detection system. How the corrective actions will be monitored to ensure the deficient practice will not recur:The building's fire panel will sound an alarm and notify the fire department should a malfunction occur within the system. The system is monitored on-site by our Director of Plant Operations and off-site by Koorsen Fire & Security.</p> | | |